

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/601958

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
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18		0		/		
19		0		/		
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22		0		/		
23		0		/		
24		0		/		
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29	/		/			
30		/		/		
31		/		/		
32		3		/		
33		0		/		
34		0		/		
35	/		/			
36		/		/		
37		/		/		
38		2		/		
39		0		/		
40	/		/			
41		/		/		
42		/		/		
43	/		/			
44		/		/		
45		2		/		
46		0		/		
47		0		/		
48	/		/			
49						
50	/		/			
TOTAL IND.	9	↓	7	↓		↓
TOTAL DEP.	45		41			
TOTAL CLAIMS	54		48			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS